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PTO/SB/01 (10-04)
Approved for use through 10/31/2002. GMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(o))
required)

OR

Attorney Docket Number SIG000106

First Named Inventor Marc Kevin Jordan

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SYSTEM AND METHOD TO INITIALIZE A MULTIPLE FUNCTION DEVICE

the specification of which
 is attached hereto

(Title of the Invention)

OR
 was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims,
as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for
continuation-in-part applications, material information which became available between the filing date of the prior application
and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or 365(b) of any foreign application(s) for patent or
inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the
United States of America, listed below and have also identified below, by checking the box, any foreign application for
patent or inventor's certificate, or any PCT International application having a filing date before that of the application on
which priority is claimed.

Prior Foreign Applications Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/429,941	11/29/2002	

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PTO/SB/01 (10-00)

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DECLARATION - Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code I abel 34,399 OR Correspondence address below

Name Robert A. McLaughlin

Address P. O. Box 160727

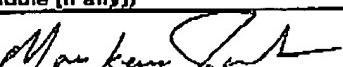
Address

City Austin	State TX	ZIP 78716-0727
Country USA	Telephone (512) 228 3611	FAX

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Marc Kevin	Family Name or Surname Jordan
--	----------------------------------

Inventor's Signature 	Date 11/26/03
---	---------------

Residence: City Austin	State Texas	Country USA	Citizenship USA
------------------------	-------------	-------------	-----------------

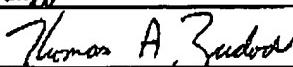
Mailing Address 1803 Burbank Street

Mailing Address

City Austin	State Texas	ZIP 78757	Country USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Thomas A.	Family Name or Surname Zudock
---	----------------------------------

Inventor's Signature 	Date 11/26/03
---	---------------

Residence: City Austin	State TX	Country USA	Citizenship USA
------------------------	----------	-------------	-----------------

Mailing Address 6704 Klev Cove

Mailing Address

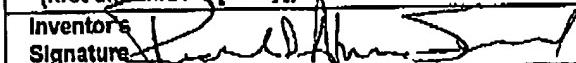
City Austin	State TX	ZIP 78739	Country USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/01 (10-00)
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Russell Alvin		Family Name or Surname Schultz	
Inventor's Signature 		Date 11/26/03	
Residence: City Austin	State Texas	Country USA	Citizenship USA
Mailing Address 10409 Jonny's Jump			
Mailing Address			
City Austin	State Texas	ZIP 78733	Country USA
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country USA
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Marc Kevin Jordan
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000106

I hereby appoint:

- Practitioners at Customer Number 34,399
- OR
- Practitioner(s) named below:

Place Customer
Number Bar Code
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Name	Registration Number
Robert A. McLauchlan	44,924
Bruce E. Garlick	36,520
Timothy W. Markison	33,534
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

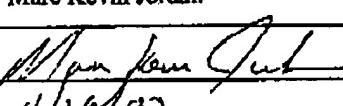
OR

<input type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan				
Address	P. O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 228-3611		Fax		

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest. See 37 CFR 3.71
- Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name	Marc Kevin Jordan	
Signature		
Date	11/26/03	

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
NOTE: Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> Total of 3 forms are submitted.	SEND TO: Assistant Commissioner for Patents, Washington, DC 20231
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PTO/SB/08 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Marc Kevin Jordan
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000106

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OR

Practitioner(s) named below:

Name	Registration Number
Robert A. McLauchlan	44,924
Bruce E. Garlick	36,520
Timothy W. Markison	33,534
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

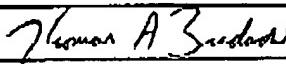
<input type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan				
Address	P. O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 228-3611	Fax			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Thomas A. Zudock	
Signature		
Date	11/26/03	

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
NOTE: Submit multiple forms if more than one signature is required, see below.

Total of

*Total of forms are submitted.

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Washington, DC 20231

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Mark Kevin Jordan
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIGMA00106

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Practitioner(s) named below:

Name	Registration Number
Robert A. McLaughlin	44,924
Bruce E. Garlick	36,520
Timothy W. Markison	33,534
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Robert A. McLaughlin				
Address	P. O. Box 160727				
Address					
City	Austin	State	TX	Zip	78716-0727
Country	USA				
Telephone	(512) 228-3611	Fax			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Russell Alvin Schultz	
Signature		
Date	11/26/03	

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
NOTE: Submit multiple forms if more than one signature is required, see below.

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

Customer may be authorized

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